

Center for Human Development, Inc.
Union County, Oregon
Public Health Annual Plan

I. Executive Summary

Union County has experienced few changes in public health since the submission of our Comprehensive Plan for 2008-2011. Center for Human Development, Inc. (CHD) still has many of the same strengths and challenges that we will utilize and work to address over the next year. While we continue to observe serious health concerns in our community and serious economic challenges due to an extremely high unemployment rate, we are pleased at the work we are doing to deliver essential public health services to our community. We have greatly increased the service level and quality level to the public in the area of environmental health. Our capacity to manage public health emergencies has also increased, and we have had several real public health emergencies that we have successfully managed with our partners in an ICS structure. The biggest goals for public health to address in the coming years are a very low childhood immunization rate, access to care issues, providing continuity in services as OHSU School of Nursing drops services and CHD public health, along with our partners, struggles to help them continue. We continue to engage in ongoing community health assessment processes with our local hospital and other community partners. Reactivating a teen pregnancy coalition, providing food handler education in primary language to English-as-a-second-language employees, and increasing preventative oral health interventions to young children are among some of our other goals.

The biggest resource available to us continues to be our highly trained and motivated staff, and our strong and active community partnerships. Our staff is extremely committed to attaining our mission of “working for health communities” and because our resources are extremely limited they often go above and beyond to help meet the needs of those we serve. Another asset is CHD's status as a private nonprofit. This positions us to seek grants to support work that is outside our state supported public health programs. We have had some success in securing grants that has led to enhanced abilities to provide prevention messages to the community and promote regional networks among community service providers. These programs are for a limited time and no permanent solution to resource issues are in sight. While grant seeking is always limited by the small amount of time our staff has to dedicate to this work, we will continue to try and raise funds in the future so we can augment our ability to engage in prevention and population-based work. We also benefit from the fact that mental health and public health are housed under one roof, allowing us to provide more comprehensive services to our clients.

Our biggest challenge continues to be increasing needs in our community largely due to rural restrictions and declining economic status, and the lack of resources to meet them. Our capacity is currently stretched very thin, and we cannot sustain more resource reduction without losing key capacities. We continue to wrestle with long term solutions to meet the resource needs for public health infrastructure in our count, seeking outside or non-traditional funding and partnerships wherever we can.

II. ASSESSMENT

Center for Human Development, Inc. (CHD) continues to face many of the challenges described in our 2008-2011 Comprehensive Public Health Authority Annual Plan. We have also identified new challenges since the plan was completed. Some of the ongoing issues that impact health in our community include:

OHSU School of Nursing: The Oregon Health Sciences University (OHSU) School of Nursing based at Eastern Oregon University (EOU) in La Grande continues to alter its role in the community. At this time instruction for nursing students is still being provided at EOU, but as of June 2009 OHSU's transition out of the community based services it provided (Head Start, rural health clinics in Elgin and Union, jail health services, and health services in rural schools) will be complete. CHD has been filling gaps in services by providing jail health services and the Health Network for Rural Schools program over the past year, which continues to extend our organizational resources. We supported Elgin in their efforts to successfully create a health district and raise funds to keep their health clinic open, and we are involved in helping the Union clinic do the same. We have some concerns that OHSU's gradual withdraw from participation in these community-based services will eventually lead to the discontinuation of the nursing instruction at EOU, which would have serious consequences for health care service delivery in our area. In addition to having many EOU nursing students rotate through our organization for training, all of our current nurses are OHSU graduates and originally from Eastern Oregon. Removal of this resource will eventually create a huge capacity issue for nursing not just in Union County, but in all of Eastern Oregon.

Primary Care Providers: Union County still experiences challenges related to the limited number of primary care providers in our area. The number of primary care providers per 100,000 Population in 2007 was 95.6 in Union County compared to 111.9 for the State. We have just learned that the one local physician who was still practicing independently is closing their practice. As a result, all of the physicians in town are employees of the hospital, and their clinics hospital clinics. The hospital has worked to fill the gap in providers by recruiting three new physicians to the area, but there continues to be unmet need. Nurse practitioners are still serving the community to help address these needs.

Unemployment: Though historically unemployment rates have often been lower in Union County than other parts of the state, recent months have seen an extreme rise in the rate with the sudden closure of some of the county's largest employers. According to the Oregon Employment Department, in February 2009 the unemployment rate for Union County was 14.6, compared to 11.7 for the State. Over the past year there have been a total of 350 nonfarm jobs lost in the County, and the manufacturing industry, one of our County's largest industries, lost 460 jobs in the past year. We just learned of another large employer that is closing and will result in over 100 additional lost jobs. This change is likely to have a significant impact on the demand for services among our County's residents. CHD will need to find ways to provide increased health care and mental health services during a time when resources are severely limited.

Income: Limited financial resources continue to be a problem for our County's residents. According to the Oregon Housing and Community Services Poverty Report (2008), the number

of people in Union County with incomes less than the federal poverty level grew 18% between 2000 and 2007 and at 15.9% was three points higher than the State's rate. Per capita income is significantly lower than for the rest of Oregon; we were ranked 22 out of 36 counties in 2007. U.S. Census data indicates a higher poverty rate for the County (16.7) and shows the median household income was nearly \$10,000 less (\$39,873 vs. \$48,735) than the state. We are ranked 30th in the state for affordable housing for renters, and concentration of professional occupations is about 30% lower than the state average. 42.1% of the Union County population lives under 200% of poverty level, as compared to 29.6% for the state. The Oregon Community and Economic Development Department identified Union County as one of 16 "severely distress" counties in the State in 2008. The County was also identified as one of the five counties with the largest percentage point change in poverty rate between 2003 and 2007.

Insurance: In 2005 16.5% of Union County residents were uninsured. While this figure is about 1 point lower than the State (17.55%), it is higher than the national rate of 15.3%. For 2006, 51% of the births in Union County were either Medicaid/Oregon Health Plan (48%) or self pay/no insurance (3%). Our total county Oregon Health Plan eligible are about 12%, indicating that young families are hit hard by socioeconomic factors. We know that underinsurance rates are a growing problem, as many companies have to raise deductibles and co-pays while reducing benefits in order to continue to afford health insurance. One of CHDs partners has been conducting a survey in recent months designed to understand the problem of underinsurance and we look forward to using the results to learn more about this issue.

Health Indicator Data: Data tells us that the following health indicators, many of which were contained in our 2008-2011 comprehensive assessment, are of concern to Union County residents.

- **Chronic Diseases:** The leading causes of death based on the most recent data from 2005 are in order Heart Disease, Cancer, and Chronic Lower Respiratory Disease. Consistent with other rural areas in Oregon, the rates of death from these diseases in our county is significantly higher than these rates of death for Oregon as a whole. The percentage of people in our county who have at least one of the following risk factors for chronic disease--current smoking, overweight or obesity, physical inactivity, or low fruit and vegetable consumption--between 2002 and 2005 were 94% compared to 86% in Oregon.
- **Teen Pregnancy:** Based on an analysis of the data available and the anecdotal information we are hearing, teen pregnancy has reached epidemic proportions in our county. While teen pregnancy reports in available statistics are not usually high, as can be seen in the table below the rate nearly doubled from 2004 to 2006.

Oregon Pregnancy Rates for Teens in Union County, 2004-2006

	Ages 10-17	Ages 15-17
2004	6.7	16.4
2005	5.8	12.1
2006	8.8	21.2

Note: All rates per 1,000 females

In 2007 the rate for 15-17 year olds has remained at 21.2 per 1,000, indicating this is still an issue among teens in our community. Given that these most recent official statistics are two years old, it is difficult to know where the rate is today. We are hearing that the numbers in 2008 were extremely high and it is possible the teen pregnancy rate among young women in Union County has more than doubled in the past year.

- **Family Planning:** While teen pregnancy rates are climbing, the amount of family planning services provided at CHD is decreasing. The number of women in need of family planning services in our County has remained fairly steady over the past three years at around 1,500 each year. The number of females served, however, decreased dramatically in 2007, from 1,221 in 2005 and 1,173 in 2006 to 867 in 2007. Contraceptive counseling sessions were also low in 2007 at 1,261 compared to 2,009 sessions in 2005 and 1,854 in 2006. We suspect the numbers are continuing to decrease. This is puzzling because we expect the rate of uninsured in our community to rise given the extremely high unemployment rate in our community.
- **Tobacco Use:** The good news for Union County is that cigarette smoking our percentage of adults is below that of the State (16% vs. 19%). Youth tobacco use among 8th graders is also lower than that of the State (9% vs. 5%) but cigarette smoking among 11th graders is unfortunately higher (17% vs. 22%). The most alarming figure related to tobacco in Union County is the percentage of adult males who use smokeless tobacco: 17% compared to 6% in the State. Additionally, 11th graders also used smokeless tobacco at a higher percentage than the State (12% vs. 17%).

Negative trends in the number of pregnant women who smoke continue. According to the 2009 Union County Tobacco Fact Sheet, 18% of Union County infants were born to mothers who used tobacco during pregnancy in 2007, which is high compared to 12% in the State and a benchmark of 9%.

- **Prenatal care:** We are ranked 27 out of 36 counties, and have had a worsening trend since 2001. Our three year average is 77.1% and the state average is 80.4% with a benchmark of 85%. Anecdotally, we know that people have difficulty getting in to see an OBGYN, and currently no family practice doctors deliver babies. This likely contributes to the low birth weight rate of 64.9 per 1,000 live births in 2002-2005, which is high compared to 60.9 per 1,000 in Oregon.
- **Immunizations:** We are ranked 33 out of 36 counties. We have more recent data for CHD, but the most recent county wide rates are from 2006, with a 66.5%. The percentage of two-year-olds who are adequately immunized in Union County in 2006 was well below the State at 51.4% compared to 71% in Oregon. This low immunization rate puts us at risk for outbreaks, such as the Pertussis outbreak experienced last year.
- **Asthma:** According to data available between 2002 and 2005, the prevalence of asthma among adults in Union County is 10.9%. The statewide prevalence is 9.3% and Union County is ranked 4th lowest in the state behind Linn, Lake, and Douglas counties.

Asthma among children in Union County is more serious. According to a report by the Oregon Asthma Program containing data from 2004-2005, Union County had one of the highest overall asthma control scores (indicating poor asthma control) among children ages 0-17 years that were on Medicaid. The average annual score for children in Union County was 2.8, which is the third lowest behind Clatsop and Coos counties (4.4 and 3.7 respectively). Union was the county with the highest asthma emergency department visits for Oregon children with asthma on Medicaid at 26.0 visits per 100 children with asthma per year. Union County was second among counties with the highest rates of children with low medication ratios, which indicates they have too few controller medication dispensings, too many rescue medication dispensings, or both. Among Oregon children with persistent asthma on Medicaid, 68.5 per 100 Union County children with persistent had low medication ratios. When the data was restricted to children ages 0-4 and 15-17 the results were the same.

- **Overweight/Obesity:** The percentage of adults who were overweight or obese in the Eastern/Central Oregon region in 2005 was 36.9% and 24.6% respectively, which is above the statewide figures of 35.9% and 23.8%. Union County specific data for 2002-2005 shows Union County's percent that are overweight is at 40%, which is 3 points above Oregon's 37%. While the difference is not extreme, the figures are still cause for consideration. This trend is also seen among 8th and 11th graders in the Eastern/Central Oregon region, where obesity and overweight percentages range over that of the State by 1-2%. The percentage of adults who consumed 5 or More Servings of Fruits and Vegetables a Day in 2005 in the Eastern/Central Oregon region was lowest in the State at 22.6%. The percentage of 8th graders who consumed 5 or more servings of fruits and vegetables a day in the Eastern/Central Oregon region was also the lowest in the State at 20%.
- **Oral Disease:** Oral disease in children, while significant throughout the entire state, presents a higher burden to rural areas. School children who live outside of the Portland metropolitan area experience more tooth decay, more untreated decay, and more decay severe enough to require urgent treatment than their urban counterparts. Outside of the metropolitan area, one in 17 students needs urgent care and 70% have already had a cavity. Children without insurance and from lower income families have an even greater rate of oral disease. Both of those risk factors are significantly higher in Union County.

Women who are pregnant also have an elevated risk of oral disease. However, despite the dangers of oral disease, less than half of pregnant women in Oregon visit a dentist while pregnant. Less than one-third of pregnant women receive information on how to prevent tooth decay in infants.

CHD Public Health provides services in all five of the basic service areas. We have a 0.50 FTE communicable disease nurse responsible for communicable disease investigation and control. We have a 0.50 FTE immunization and family planning coordinator, and 1.50 FTE of nurse time providing clinic services, in addition to the communicable disease and immunization/family planning coordinators, and several casual nurses used as needed. We have a 1.0 FTE nurse coordinating and providing services to the home visiting programs, and 2.25 FTE of family advocate staff also providing services in the home. WIC has a 1.0 FTE coordinator and certifier, 0.75 FTE certifier, and a less than 0.25 FTE dietician. We have a position for a 0.50 emergency

preparedness coordinator. Our health officer is a less than 0.25 FTE, and our environmental health staff is a 0.75 FTE. Health information and referral services are provided by all nurse and program staff, but we currently have 2.0 FTE AmeriCorps Vista volunteers enhancing this role. We have a 0.50 FTE position for vital records. We also have a 0.75 FTE nurse in a school based health center. We have a 0.75 FTE nurse providing rural school health services.

Our staffing capacity is as low as it can go in most areas without losing program capacity altogether. At times we have been forced to reduce the number of hours our nurses devote to clinical service delivery because of lack of revenue. Program coordination functions are provided, but these are often the functions that suffer due to very low staffing capacity. Dental health services are provided through WIC and Home Visiting programs. We are lucky to have an ODS dental hygiene school in our area, and partner with them extensively to extend dental/oral health resources. Due to our temporary (3 year) Vista program, our health promotion services are better than they have ever been. Lab services are adequate. The medical examiner position is often unfilled and vacant due to a shortage of physicians willing to fulfill the role. Nutrition services are limited to WIC and Home Visiting programs, but are vitally needed in all programs and by the community in general. The lack is due both to resource issues and to a shortage of dietitians and nutritionists in the area. Older adult health services, both preventative and other wise, are almost non-existent in the public health realm, with no other community programs fully closing that gap. Primary health care is very difficult to access for reasons outlined above.

Union County is also seeing improving trends in several other important areas. We continue to see a slow but steady decline in our child abuse and neglect rate, a significant improvement since it has previously been so high. Child care availability continues to be high, and eight grade alcohol and drug use rates are lower than state rates. Infant mortality rates are low, as are preventable death rates. We experience little to no HIV or TB incidence.

We are excited by the work being done to address access to care in northeast Oregon through Northeast Oregon Network (NEON). NEON is a collaboration of public health/mental health, social services, and medical care providers formed to address local access to care issues in Union, Baker, and Wallowa counties. We are proud that NEON has been able to reinstitute Covering Kids and Families, one of the programs OHSU stopped providing, and the program's workers in Union, Baker, and Wallowa counties are providing vital service to the community by providing education, outreach, and enrollment in programs that help them obtain needed services. NEON has filed papers to become its own nonprofit as of July 2009 and is working on a number of exciting projects. This includes developing local health coverage products designed to meet the needs of small business owners and employees and seeking a planning grant to look at the formation of a tri-county Federally Qualified Health Center.

CHD is beginning the second year of a three year grant that is allow us to host two AmeriCorps volunteers focusing on social marketing and health education/outreach programs in the areas of behavioral and public health. The resources we have for informing and educating the public are limited, making the social marketing work these volunteers are doing extremely valuable. One of their focus areas is raising childhood immunization rates, which is a serious issue in Union County. The downside to this support is that it is limited in duration, so we will need to identify ways to continue this work in the future.

CHD is pleased to report that we have located a new facility, and despite the challenges posed by dramatic economic changes over the past year, we are is moving forward with our plans to purchase and renovate this desperately needed facility. Our current space continues to pose challenges, the most significant being issues relate to medical records and ADA laws. We have experienced a number of challenges as we move through the process; the economy has made financing more difficult to secure and foundations are not in a position to give as freely as they have in the past. The economic downturn has also presented some opportunities like more reasonable construction costs that we hope to take advantage of, and we are hopeful everything will fall into place and we will be able to relocate by fall 2009.

A. EPIDEMIOLOGY AND CONTROL OF PREVENTABLE DISEASES AND DISORDERS

Current Conditions and Problems

1. Current Conditions:
 - a.) We have several new staff in need of Communicable Disease 101 and 303 training.
2. Current Problems:
 - a.) Continual presence of Sexually Transmitted Diseases in Union county, especially Chlamydia.

Program Goals

1. Staff up to date on trainings.
2. Lower Chlamydia rate.
 - a.) Increase awareness of sexual exposure risk among at risk populations.
 - b.) Increase condom use.

Program Activities

1. Communicable Disease 101 and 303 trainings will be held in Union County in 2009.
2. Further integrate Emergency Preparedness, Environmental Health and Communicable Disease capacity through training and joint planning meetings in order to enhance coordinated capacity for response to outbreaks.
3. Social marketing to bar and nightclub patrons about sexual exposure.
4. Increase condom accessibility in the community.

Program Evaluation

1. We will surveil to prevail (this one is from Amy! And Lisa!)
2. Monitor incidence of Sexually Transmitted Diseases, especially Chlamydia.
3. Track condom ordering to determine if there is an increase.
4. All necessary staff receives Communicable Disease trainings.

B. PARENT AND CHILD HEALTH SERVICES, INCLUDING FAMILY PLANNING CLINICS

Current Conditions and Problems for Home Visiting Programs, School Health and General Parent Child Health

1. Current Conditions

- a.) Center for Human Development, Inc. (CHD) applied for and received and AmeriCorps Vista grant and has two Vista volunteers working on various public health issues with a social marketing intervention.
- b.) Union County was awarded a Tobacco Prevention and Education Program (TPEP) grant and associated activities have now been in place for two years.
- c.) Oregon Health Sciences University (OHSU) School of Nursing at Eastern Oregon University is in the middle of a community-based participatory research project focusing on childhood obesity called U.C. Fit Kids. CHD staff participates as a member of the coalition working on this project.
- d.) CHD has completed its first year of the Health Network for Rural Schools Program that was previously administered by OHSU School of Nursing.

2. Current Problems

- a.) Long term increasing trend of women smoking during pregnancy. Last data available for 2007 is 18%.
- b.) Increasing number of referrals to the CaCoon program due to low birth weight.
- c.) School children who live outside of the Portland metropolitan area experience more tooth decay, more untreated decay, and more decay severe enough to require urgent treatment than their urban counterparts. Outside of the metropolitan area, one in 17 students needs urgent care and 70% have already had a cavity.
- d.) Women who are pregnant have an elevated risk of oral disease. However, despite the dangers of oral disease, less than half of pregnant women in Oregon visit a dentist while pregnant. Less than one-third of pregnant women receive information on how to prevent tooth decay in infants.
- e.) 20% of eighth graders and 22% of 11th graders reported having a physical health need during the last 12 months that was not met.
- f.) 34% of eight graders and 36% of 11th graders reported that a doctor, nurse or other health professional has told them they have one or more chronic health conditions.
- g.) Union County has one of the highest childhood asthma rates in the state, and one of the highest rates in the state for poorly treated asthma.
- h.) 26% of both eighth and 11th graders are either overweight or at risk for becoming overweight.
- i.) Roughly 13% of eighth and 11th graders seriously considered suicide and over 7% actually made an attempt.

Program Goals

1. Decrease the number of women smoking during pregnancy.

2. Determine relevant factors for low birth weight babies in Union County.
3. Increase the percentage of low birth weight babies that meet developmental milestones.
4. Increase the number of young children who actually use some dental sealant method.
5. Increase the number of visits for oral health care for pregnant women during pregnancy.
6. Have a health care presence (mental and physical health) in all schools in Union County.
7. Decrease the rate of adolescents who are at risk for being overweight.
8. Decrease percentage of 8th and 11th graders who attempt suicide.

Program Activities

1. Home visiting and WIC certifiers have been trained in and are applying the 5 A's intervention for clients who smoke. As a part of this effort, the TPEP coordinator has provided cessation referral information (Oregon Quit Line) for staff to give to interested clients.
2. Vista volunteer will implement a social marketing plan targeted at parents of young children who smoke in order to reduce smoking rate. Home visiting and WIC staff are actively working with the Vista volunteer to develop and implement a social marketing plan targeted at smoking parents of young children. We are currently in the assessment phase of plan development.
3. TPEP Coordinator will continue working with schools on tobacco free policies. Three of the six schools in Union County have adopted gold standard model tobacco free schools policies and received a grade of 'A+' by the American Lung Association in Oregon. One school district received a grade of 'B' and the other two districts have policies that are rated as 'Incomplete.' We are continuing to work with personnel from those three school districts to improve their tobacco free school policy and move toward adoption of gold standard model policy.
4. TPEP Coordinator will continue working with local head start for a tobacco free head start program, Eastern Oregon Head Start, on their new tobacco free policy. Their adopted policy was reviewed by the American Lung Association in Oregon and received a grade of 'A'. We will work with them to adopt added policy elements that will move their score from 'A' to 'A+'.
5. Review epidemiological data related to increase in low birth weight babies in order to identify variables for intervention.
6. Continue to screen and refer low birth weight babies for appropriate interventions and services through the CaCoon and Babies First Programs.
7. Investigate and develop varnish program for Home Visiting clients.
8. Implement varnish program for Home Visiting clients.
9. Home visiting program will educate, advocate, refer and monitor pregnant women for dental health services.
10. CHD will continue to assume responsibility for administration of the Health Network for Rural Schools Program to ensure a continuing health care presence in all non-La Grande schools in Union County.
11. CHD will explore, with relevant partners, a mobile school based health clinic.
12. Continue to have CHD participation in UC Fit Kids OHSU research coalition.
13. Continue with WIC nutrition classes and referral of high risk children to dietician.
14. CHD is working to move to a new building that will include a community kitchen available for nutrition and cooking classes/practice.

15. Start volunteer run cooking class for cooking nutritiously on a budget.
16. Suicide prevention specialist will train school and other key community members in suicide identification and intervention.

Program Evaluation

1. Track vital statistic rate for smoking during pregnancy and among youth in schools.
TPEP coordinator will share data received via TPEP with relevant CHD staff. Resources include Oregon Tobacco Facts, etc.
2. Track low birth weight rate.
3. Track number of varnish applications with home visiting clients through Orchid system.
4. Track efforts to increase the number of pregnant women accessing dental health services.
5. Track progress toward planning and implementing efforts designed to improve nutrition among youth and families.
6. Monitor presence in county schools and progress toward increasing school-based services.
7. Track youth suicide attempt rate Oregon Health Teen data.

B. PARENT AND CHILD HEALTH SERVICES, INCLUDING FAMILY PLANNING CLINICS

Current Conditions and Problems for Immunization Program

1. Current Conditions
 - a.) Due to a Pertussis outbreak in fall of 2007, CHD conducted mass immunization clinics in local middle schools and high schools.
 - b.) Currently targeting sixth graders for TDAP immunizations in order to meet 2009-2010 school immunization requirements.
 - c.) Currently targeting preschool age children in the county for Hepatitis A immunization in order to meet 2009-2010 school immunization requirements.
 - d.) In second year of a three year AmeriCorps Vista grant. Vista volunteer is focusing on, among other things, developing the immunization coalition and working to increase the rate of up to date immunizations in two year olds.
2. Current Problems
 - a.) Third lowest rate for up to date 2 year olds.
 - b.) Loss of childhood immunization sites in the county, leading to lack of access due to difficulty accessing primary care/medical home for children.
 - c.) Significantly incomplete immunization records in Alert due to lack of participation on the part of a private provider.

Program Goals

1. Increase rate of up to date 2 year olds to 1%.
2. Increase access to immunizations by pre-school and school-age children.
3. Continue community outreach to increase knowledge regarding immunization and local rates.

Program Activities

1. Work with the state to facilitate provider wide AFIX meeting to review data and develop plan.
2. Vista and immunization coordinator will work with private clinics and the state to implement action plan once developed.
3. Vista will set up planning meeting for immunization coalition meeting.
4. Hold quarterly coalition meetings to review and update progress on above goals.
5. Coordinate with Health Network for Rural Schools staff to hold vaccine clinics for sixth graders in all schools in the county.
6. Hold multiple preschool immunization clinics at all elementary and preschools schools in the county.
7. Vista will review AFIX data and collaborate with health educator at the state to determine accuracy of data and plan outreach activities based upon gaps.
8. Work with private providers to get them internet access to ALERT. Hold in-services for private provider immunization nurses on immunization standards and practices.
9. Work with private providers and the state health educator on developing a recall and reminder system.

Program Evaluation

1. Monitor school exclusion reports for number of children excluded from kindergarten for Hepatitis A and seventh grade for TDAP.
2. Monitor county wide AFIX data.
3. Keep coalition minutes in order to monitor goals, activity and progress of coalition.
4. Keep records on dates and topics for in-services with nurses.

Local Health Department: Union County Public Health
Plan A - Continuous Quality Improvement: Increase UTD rates & Access to Immunizations
2008-2011

Year 1: July 2008-June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>A. Increase Up-to-date rate (4-3-1-3-3-1 series) of 2 year olds seen at Union CHD by 1% or better every year</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Provide training and increase expectation for all staff to give all vaccines due at every visit in order to reduce missed shot rate from present 27% <input type="checkbox"/> Staff review of contraindications & precautions for all vaccines to also help reduce deferral of vaccines <input type="checkbox"/> Staff will enter all shot records into IRIS within the expected 14 day time frame <input type="checkbox"/> Design recall/reminder process to augment IRIS postcards <input type="checkbox"/> Create process to help families make next appointment before leaving clinic <input type="checkbox"/> Review & revise WIC partnership to be sure patients needing shots are sent over to immunization program for vaccines <input type="checkbox"/> Collaborate with Child Care Resource and Referral to provide vaccine education to the childcare providers and parents 	<ul style="list-style-type: none"> • Training held by: [date]. Training done by: [name] • Contraindication/precaution workshop held on: [date]. Number of staff trained: ___ • Quarterly review of shot records to assess progress of simultaneous vaccine administration (giving all shots due at every visit and /or having reasonable deferral notes in chart) • Quarterly review of IRIS to ensure data is entered correctly and within the 14 day limit • Reminder/recall system set up by [date] and used monthly • System to help families make next appointment set up and functioning by [date] • System to assist WIC staff refer patients to IZ program for vaccine administration in place by [date] • Number of visits conducted and estimated reviews completed • OVERALL OUTCOME: UTD rate will increase by 1% or more by June 30, 2009 	<p>*Regular Contact has been made with the Regional Medical Clinic to educate staff, new and existing, on immunization practices and Union county rates. Done by Rachelle Lequerica, immunization Coordinator March-April of 09'</p> <p>*The IRIS quarterly review data shows the percentage of data entered within 14 days was %59.</p> <p>*Reception staff has developed a tickler system using IRIS in order to assess past due shots and forecast next shots due.</p> <p>*WIC staff assesses their client records with each appointment and makes referrals to PH staff if the child is past due on immunizations.</p> <p>*Up-to-date rates for the Health Department for 24-35 month olds increased from 57% in 2007 to 73% in December of 2008. This is an overall increase of 16%. This was provided by the most recent AFIX data.</p> <p>*Union county Immunization coordinator has conducted 3 site visits involving immunization education, record reviews for registered children and provided written materials for parent education.</p>	<p>*Two site visits have been conducted to provide education and written materials to nursing staff. Regional Medical staff is working on a date for an educational class on immunizations and rates. Date TBA.</p> <p>*Written material included contraindications and precautions regarding vaccines in addition to: parent education materials, dosing schedules, minimum spacing recommendations, and vaccine follow up care. We are working on developing other training opportunities with other local health care providers. We have developed an immunization coalition that has held two meetings to date. We expect to conduct another meeting in May '09. Participants included: health care providers, community stakeholders and parents. Staffing changes have created scheduling conflicts in the recent past temporarily effecting outreach practices.</p> <p>*We believe the data reflects a low number of on time entries due to our flu clinic information. This data is transmitted electronically and was not routinely updated every 14 days. We are addressing this issue with current staff to come up with a more efficient data entry process.</p> <p>*Reception staff keeps a file with these records and does weekly-monthly phone calls and reminder cards to parents to inform them of their child's past due immunizations. This assists them in scheduling for these immunization appointments.</p> <p>*WIC staff is conscious of Union County immunization rates and understands the need for up to date vaccination practices. This will be an ongoing collaboration.</p> <p>*There is an ongoing effort to increase rates further using: reminder/recall systems, community education and outreach, and collaboration with other health care providers.</p>

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 1: July 2008-June 2009

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ³	Progress Notes ⁴
<p>B. Increase access to Immunizations for pre-school and school-age children</p> <p>C. Continue community outreach to increase knowledge regarding immunizations and local rates.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Immunize all sixth graders in the county with the TDAP immunization by holding shot clinics in schools. <input type="checkbox"/> Target preschool-age children for Hepatitis A vaccines by holding multiple preschool immunization clinics at all elementary and preschools in Union County <input type="checkbox"/> Coordinate with Health Network for Rural Schools nurse and school staff to conduct clinics and keep ALERT updated. <input type="checkbox"/> Create system so Health Network for Rural Schools nurse & school staff can report all immunizations to ALERT (or to IRIS if UCHD enters the data) <input type="checkbox"/> Continue quarterly coalition meetings. <input type="checkbox"/> Continue outreach among local health care providers to provide education and training. 	<ul style="list-style-type: none"> <input type="checkbox"/> Number of elementary school clinics held: __. <input type="checkbox"/> Number of children immunized: __ <input type="checkbox"/> Number of pre-school clinics held: __. <input type="checkbox"/> Number of children immunized: __ <input type="checkbox"/> Coordination meetings held with HNRS on [dates] <input type="checkbox"/> All shot records entered into IRIS or ALERT within 14 days of vaccine administration 	<p>*Five clinics have been held thus far in the outlying schools by the Health Network for Rural Schools nurse. Four more clinics are scheduled to take place in May of 09'. There is an estimated 50 children that have been vaccinated with the Tdap through these clinics.</p> <p>*Six clinics have been held for preschool age children. An estimated 50 children were vaccinated through these clinics.</p> <p>*Regular monthly contact is kept with Health Network for Rural Schools nurse. Performance reviews are conducted quarterly to monitor performance. Feedback is also requested from the surrounding schools to evaluate performance and assess need within each school.</p> <p>*Following immunization clinics, VAR forms are promptly submitted to Health Department and entered into the data base. This is reflected in the previously stated quarterly review number.</p>	<p>*All clinics include local children from La Grande in addition to the children in the outlying communities of: Union, Elgin, Imbler and Cove. All located within Union county.</p> <p>*Additional clinics will be held periodically (at least quarterly) in attempt to reach all children</p> <p>*The Health Network for Rural Schools nurse collaborates with Health Department nursing staff regularly to provide adequate immunization coverage throughout Union County within the schools as well as the communities. This will be an ongoing effort to ensure children are up-to-date on their immunization status.</p>

³ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

⁴ **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 2: July 2009 – June 2010

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ⁵	Progress Notes ⁶
<p>A. Increase Up-to-date rate (4-3-1-3-3-1 series) of 2 year olds seen at Union CHD by 1% or better every year</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review expectation for all staff to give all vaccines due at every visit in order to reduce missed shot rate from present % <input type="checkbox"/> Staff review of contraindications & precautions for all vaccines to also help reduce deferral of vaccines <input type="checkbox"/> Staff will enter all shot records into IRIS within the expected 14 day time frame <input type="checkbox"/> Recall/reminder process to augment IRIS postcards reviewed and modified as needed <input type="checkbox"/> Continue process to help families make next appointment before leaving clinic <input type="checkbox"/> Review & revise WIC partnership to be sure patients needing shots are sent over to immunization program for vaccines <input type="checkbox"/> Continue collaboration with Child Care Resource and Referral 	<ul style="list-style-type: none"> • Review held on: [date]. Review done by: [name] • Contraindication/precaution review held on: [date]. Number of staff attending: ___ • Quarterly review of shot records to assess progress of simultaneous vaccine administration (giving all shots due at every visit and /or having reasonable deferral notes in chart) • Quarterly review of IRIS to ensure data is entered correctly and within the 14 day limit • Reminder/recall system used monthly • System to help families make next functioning • WIC partnership for referring patients to IZ program for vaccine administration continues • Number of visits conducted and estimated reviews completed • OVERALL OUTCOME: UTD rate will increase by 1% or more by June 30, 2010 	<p>To be completed for the FY 2010 report</p>	<p>To be completed for the FY 2010 report</p>

⁵ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

⁶ **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 2: July 2009 – June 2010

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ⁷	Progress Notes ⁸
<p>B. Increase access to Immunizations for pre-school and school-age children</p> <p>C. Continue community outreach to increase knowledge regarding immunizations and local rates.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Continue Immunizing all sixth graders in the county with the TDAP immunization and holding shot clinics in schools <input type="checkbox"/> Continue targeting preschool-age children for Hepatitis A vaccines by holding multiple preschool immunization clinics at all elementary and preschools in Union County <input type="checkbox"/> Continue coordinating with Health Network for Rural Schools nurse and school staff to conduct clinics and keep ALERT updated <input type="checkbox"/> Review and revise process for Health Network for Rural Schools nurse & school staff to report immunizations to ALERT (or to IRIS if UCHD enters the data) <input type="checkbox"/> Continue quarterly coalition meetings <input type="checkbox"/> Continue outreach among local health care providers to provide education and training 	<ul style="list-style-type: none"> <input type="checkbox"/> Number of elementary school clinics held: ___. <input type="checkbox"/> Number of children immunized: ___ <input type="checkbox"/> Number of pre-school clinics held: ___. <input type="checkbox"/> Number of children immunized: ___ <input type="checkbox"/> Coordination meetings held with HNRS on [dates] <input type="checkbox"/> All shot records entered into IRIS or ALERT within 14 days of vaccine administration 	<p>To be completed for the FY 2010 Report</p>	<p>To be completed for the FY 2010 Report</p>

⁷ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

⁸ **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 3: July 2010 – June 2011

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ⁹	Progress Notes ¹⁰
<p>A. Increase Up-to-date rate (4-3-1-3-3-1 series) of 2 year olds seen at Union CHD by 1% or better every year</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review expectation for all staff to give all vaccines due at every visit in order to reduce missed shot rate from present % <input type="checkbox"/> Staff review of contraindications & precautions for all vaccines to also help reduce deferral of vaccines <input type="checkbox"/> Staff will enter all shot records into IRIS within the expected 14 day time frame <input type="checkbox"/> Recall/reminder process to augment IRIS postcards reviewed and modified as needed <input type="checkbox"/> Continue process to help families make next appointment before leaving clinic <input type="checkbox"/> Review & revise WIC partnership to be sure patients needing shots are sent over to immunization program for vaccines <input type="checkbox"/> Continue collaboration with Child Care Resource and Referral 	<ul style="list-style-type: none"> • Review held on: [date]. Review done by: [name] • Contraindication/precaution review held on: [date]. Number of staff attending: ___ • Quarterly review of shot records to assess progress of simultaneous vaccine administration (giving all shots due at every visit and /or having reasonable deferral notes in chart) • Quarterly review of IRIS to ensure data is entered correctly and within the 14 day limit • Reminder/recall system used monthly • System to help families make next functioning • WIC partnership for referring patients to immunization program for vaccine administration continues • Number of visits conducted and estimated reviews completed • OVERALL OUTCOME: UTD rate will increase by 1% or more by June 30, 2011 	<p>To be completed for the FY 2011 Report</p>	<p>To be completed for the FY 2011 Report</p>

⁹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

¹⁰ **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 3: July 2010 – June 2011

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹¹	Progress Notes ¹²
<p>B. Increase access to Immunizations for pre-school and school-age children</p> <p>C. Continue community outreach to increase knowledge regarding immunizations and local rates.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Continue immunizing all sixth graders in the county with the TDAP immunization and holding shot clinics in schools <input type="checkbox"/> Continue targeting preschool-age children for Hepatitis A vaccines by holding multiple preschool immunization clinics at all elementary and preschools in Union County <input type="checkbox"/> Continue coordinating with Health Network for Rural Schools nurse and school staff to conduct clinics and keep ALERT updated. <input type="checkbox"/> Review and revise process for Health Network for Rural Schools nurses & school staff to report immunizations to ALERT (or to IRIS if Health Department enters the data) <input type="checkbox"/> Continue quarterly coalition meetings <input type="checkbox"/> Continue outreach among local health care providers to provide education and training 	<ul style="list-style-type: none"> <input type="checkbox"/> Number of elementary school clinics held: ___. <input type="checkbox"/> Number of children immunized: ___ <input type="checkbox"/> Number of pre-school clinics held: ___. <input type="checkbox"/> Number of children immunized: ___ <input type="checkbox"/> Coordination meetings held with HNRS on [dates] <input type="checkbox"/> All shot records entered into IRIS or ALERT within 14 days of vaccine administration 	<p>To be completed for the FY 2011 Report</p>	<p>To be completed for the FY 2011 Report</p>

¹¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

¹² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

B. PARENT AND CHILD HEALTH SERVICES, INCLUDING FAMILY PLANNING CLINICS

Current Conditions and Problems Family Planning Clinics

1. Current Conditions

- a.) AmeriCorps Vista grant social marketing program to increase family planning visits to women in need has been awarded and started.
- b.) Increase in outreach and service provision with local schools.
- c.) Continued success in linking youth with family planning services through the School Based Health Center located in the County's largest high school.

2. Current Problems

- a.) Decreased percentage of Women In Need served for family planning services from 76% to 55%. Continued decline in family planning services provided to teens, indicating that teens are not accessing services.
- b.) Decreased number of family planning clients being seen in our clinic; 45% of the Women In Need population is still not accessing family planning services.
- c.) Official reports of teen pregnancy rates vary widely, but anecdotal data suggests increasing numbers of younger teens who are pregnant. In addition, the teen pregnancy prevention coalition has not functioned since 2003.
- d.) Limited number of males accessing family planning services.

Program Goals

1. Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health through:
 - a. Increased percentage of women in need aged 13-19 served as compared to FY 09 by June 30, 2010.
 - b. Increased family planning visits among males as compared to FY 09 by June 30, 2010.
2. Assure ongoing access to a broad range of effective family planning methods and related preventive health services by adding IUD insertions/removals by July 30, 2010.

Program Activities

1. Increase informational presentations to youth in schools.
2. Continue outreach and service provision within the School Based Health Center in La Grande and at the La Grande Middle School.
3. Vista volunteer will implement social marketing plan to increase Women In Need population seen for family planning services.
4. Collaborate with community partners to reactivate the teen pregnancy prevention coalition.
5. Develop policies and procedures specific to male family planning.
6. Train staff in providing male services.
7. Increase outreach to inform males of the services available to them at CHD.
8. Obtain resume of IUD insertion trainer so she is able to obtain reimbursement from Center for Health Training.
9. Support Nurse Practitioner in obtaining training and practicing IUD insertion skills.
10. Add IUD as method option for clients.

Program Evaluation

1. Monitor Family Planning Program Data Review provided yearly by DHS.
2. Track topics, dates, location of education provided in schools.
3. Review quarterly Vista report.
4. Track minutes of teen pregnancy prevention coalition meetings to review goals, activities and progress of coalition.
5. Record information about staff training activities.
6. Record male-specific outreach efforts.
7. Nurse Practitioner training in IUD insertion complete and service is offered.

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FY '10**

July 1, 2009 to June 30, 2010

Agency: Center for Human Development, Inc.

Contact: Joelene Peasley, RN

Goal 1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.

Problem	Objective(s)	Planned Activities	Evaluation
Continued decline in family planning services provided to teens, indicating that teens are not accessing services.	Increase percentage of women aged 13-19 served as compared to FY 09 by June 30, 2010.	<ol style="list-style-type: none"> 11. Increase informational presentations to youth in schools. 12. Continue outreach and service provision within the school based health center in La Grande and at the La Grand Middle School. 13. Vista volunteer will implement social marketing plan to increase Women In Need population seen for family planning services. 14. Collaborate with community partners to reactivate the teen pregnancy prevention coalition. 	<ul style="list-style-type: none"> • Monitor Family Planning Program Data Review provided yearly by DHS. • Track topics, dates, location of education provided in schools. • Review quarterly Vista report. • Track minutes of teen pregnancy prevention coalition meetings to review goals, activities and progress of coalition.
	Increase family planning visits among males as compared to FY 09 by June 30, 2010.	<ol style="list-style-type: none"> 1. Develop policies and procedures specific to male family planning. 2. Train staff in providing male services. 3. Increase outreach to inform males of the services available to them at CHD. 	<ul style="list-style-type: none"> • Monitor Family Planning Program Data Review provided yearly by DHS. • Record information about staff training activities. • Record male-specific outreach efforts.

Goal 2: Assure ongoing access to a broad range of effective family planning methods and related preventive health services.

Problem Statement	Objective(s)	Planned Activities	Evaluation
Unable to offer IUDs due to untrained staff.	NP able to offer IUD insertions/removals by July 30, 2010.	<ol style="list-style-type: none"> 1. Obtain resume of trainer so she is able to obtain reimbursement from Center for Health Training. 2. Support NP in obtaining training and practicing skills. 3. Add IUD as method option for clients. 	<ul style="list-style-type: none"> • NP training complete and service is offered. • Monitor Family Planning Program Data Review provided yearly by DHS.

Objectives checklist:

- Does the objective relate to the goal and needs assessment findings?
- Is the objective clear in terms of what, how, when and where the situation will be changed?
- Are the targets measurable?
- Is the objective feasible within the stated time frame and appropriately limited in scope?

Progress on Goals / Activities for FY 09

(Currently in Progress)

Goal / Objective	Progress on Activities
<ol style="list-style-type: none"> 1. Increase percentage of Women in Need population receiving family planning services. 2. Increase percentage of sexually active 15-17 year old females receiving family planning services. 3. Collaborate with community partners to reactivate the teen pregnancy prevention coalition. 	<ol style="list-style-type: none"> 1. Vista employee will implement social marketing plan to increase numbers of Women In Need population seen for family planning services. CHDs Vista volunteer is working to implement a social marketing plan and will continue to do so over the next two years. Her efforts will focus on young (13-19) women in need, which is the area where we see the greatest need for family planning services. 2. CHD will have an active health care presence in all school districts in the county, initially to provide contraceptive and STD education. When we reach multi year goal of mobile school based health clinic, eventually we will provide contraceptive and STD services in each rural community out of the mobile clinic. CHD is doing well at meeting this objective by conducting contraceptive and STD education in school districts throughout the County. These efforts have resulted in an increase in the number of youth from the County's more rural areas coming to our recently implemented Friday drop-in clinic to obtain services. 3. CHD will provide increased outreach and service provision within the current school based health center in La Grande. The School Based Health Center nurse is doing very active classroom outreach on weekly basis (as compared to very rare if no outreach in the past). 4. Family planning coordinator will begin providing contraceptive and STD education to health classes in the La Grande Middle School. The School Based Health Center nurse has made contact with the Middle School. They have new curriculum they are trying to implement, so they have asked us to wait until after it is implemented to see what assistance CHD can offer. We will maintain contact with them to ensure that we can provide services if they are needed. 5. Family Planning Coordinator will make contact with potential coalition members and hold initial planning and goal setting meetings. We have experienced challenges with this activity due to staffing and fiscal limitations. This is, however, a very high priority of the agency at this time and it will be a focus of our efforts in FY 10. 6. Family Planning Coordinator will participate in and support teen pregnancy prevention coalition activities. Same as #5.

C. ENVIRONMENTAL HEALTH

Current Conditions and Problems

1. Current Conditions:

- a) The Center for Human Development Environmental Health Program continues with one 0.75 FTE Environmental Health Specialist Trainee (EHST). The EHST has plans to increase their time by up to 5 hours per week during the summer months when temporary restaurant inspections are at their peak.
- b) The Environmental Health Program has been administered at the county level for the last 3.5 years. Substantial progress has been made in stabilizing program funding.
- c) During the last 3.5 years of operation, the local program has added the drinking water and tobacco enforcement programs.
- d) There are more than 160 licensed facilities in Union County providing eating, living, and recreational accommodations.
- e) There are more than 40 well sites in Union County monitored by Environmental Health following the guidelines of Oregon DEQ and the federal Clean Water Act.
- f) The Environmental Health Program provides an informational and enforcement role for Oregon's Tobacco Prevention and Education Program.
- g) The Environmental Health Program works in partnership with the Communicable Disease Program and the Emergency Preparedness Program to educate, investigate, and control county wide food borne and nonfood borne outbreaks.

2. Current Problems:

- a) The certification process required of all Oregon EHST to become Registered Environmental Health Specialists is not efficient or adaptable. The application process to receive the EHST certification took 10 weeks to process. Within 2 years the EHST must have a total of 3,840 clock hours to meet the prescribed work experience. A 0.75 FTE EHST will require a minimum of 2.5 years to meet the prescribed work experience.
- b) Work flow for the EHST is complicated by the seasonal changes in the number of temporary restaurants in need of inspection.
- c) There is a language barrier with certain food service facilities whose primary language is not English, and/or speak very little English.
- d) Culturally, food handlers have different views of proper sanitary practices when compared to the guidelines provided by the Oregon Statute (OAR 333-150) and the 1999 FDA Food Code.
- e) Union County has a high percentage of days when the air quality is in the unhealthy range. Union County also has one of the highest childhood asthma rates in the state.

Program Goals

1. Building Infrastructure

- a) The Environmental Health Program is still in the process of building itself to the level its employees and state programs require. The Program has made great

progress and is currently meeting minimum requirements, but infrastructure issues continue to come up and need to be addressed.

- b) As a trainee, the EHST is not fully trained on independent job functions. This employee has a formalized plan of supervision involving a Registered Environmental Health Specialist who educates, trains and advises the EHST employee.
 - c) Integrate Environmental Health with Communicable Disease and Emergency Preparedness (see Epidemiology Plan).
 - d) Work toward developing an ongoing solution to the seasonal shifts that impact the work flow of the EHST.
2. Building awareness of local environmental health resources.
 - a) Increase public awareness of air quality during times when it is unhealthy.
 3. Improving accuracy of environmental health data collection.

Program Activities

1. Environmental Health employee becoming a Registered Environmental Health Specialist.
2. Conduct health inspections of all licensed facilities in a timely manner.
3. Conduct inspections of unlicensed facilities as requested by those facilities; certified day care facilities, certified day care homes, jails, and juvenile detention centers.
4. Conduct health inspections of all public/private schools.
5. Conduct inspections of licensed temporary restaurants.
6. Properly track all temporary restaurant facilities in Union County.
7. Track all newly issued food handler cards.
8. Maintain scheduled testing and licensing for food handlers in Union County.
9. Perform investigations prompted by citizen complaints on potential health hazards in licensed facilities.
10. Make arrangement with a person who speaks associated languages to help educate the limited English speaking food handlers in proper food handling techniques and to pass the examination for the food handler card.
11. Monitor and assure that the drinking water in Union County is safe by providing and maintaining sanitary survey inspections, regulatory assistance and training, compliance assurance, emergency response planning, investigation and response on contamination incidents.
12. Develop an air quality communication program to inform Union County residents of current air quality conditions.
13. Establish protocol for certain telephone inquiries relating to mold, radon, and other environmental health requests.
14. Building up the Phoenix database system to maintain, electronically, all records of inspections, licensure, complaints, and active facilities.
15. Provide accurate summarizations for the 2008 Licensed Facility Statistics Report.

Program Evaluation

1. Review data from the Phoenix database system to ensure completeness and accuracy.
2. Inspection scores of low scoring restaurants will increase.
3. Increase in food handler cards issued to individuals with English as a second language.
4. Increase in food handler cards issued to all food service workers.

5. Increased availability of air quality information and protocols for typical environmental health inquiries.

D. HEALTH STATISTICS

Current Conditions and Problems

1. Current Conditions
 - a.) Union County Public Health currently tracks health data in the following state public health systems: vital statistics data base, CD data, ORCHIDS, IRIS and ALERT, Ahlers, EDRS, Phoenix Database System.
 - b.) We also collect service, demographic, clinical and billing data in a Center for Human Development, Inc. (CHD) system ECHO.
 - c.) CHD reviews health statistics from various data sources compiled by the State Office of Rural Health into the Rural Health Profiles.
 - d.) CHD is transitioned into using the EDRS.
 - e.) Union County Providers of child hood immunizations are entering immunization data in ALERT.
2. Current Problems
 - a.) Due to a shortage of staff time and fiscal resources, we are not always able to meet timelines for filing of certified death certificates.
 - b.) The prior Environmental Health Specialist did not enter complete data into the Phoenix system, resulting in inaccurate data from Union County.

Program Goals

1. Enroll physicians with biometric signature for EDRS.
2. Maintain/improve ratings for timeliness and accurateness of communicable disease reporting.
3. Improve accuracy/completeness of environmental health data.

Program Activities

1. Continue reporting data to state per various program requirements.
2. Monitor state reports for accuracy of data (monthly communicable disease reports, home visiting reports, etc.)
3. Transition fully to EDRS by having vital statistics staff person work with state on training and implementation groups.
4. Work with local physicians to enroll electronic signatures.
5. See environmental health plan for activities related to goal of improve accuracy of environmental health data.

Program Evaluation

1. All physicians will be enrolled with electronic signatures.
2. Monitor site review results to determine needed areas for improvement in data collection.
3. Monitor data reports, especially communicable disease reports and environmental health reports for accuracy of data.

E. INFORMATION AND REFERRAL

Current Conditions and Problems

1. Current Conditions

- a.) CHD Public Health has a Web site that is updated regularly with information on each program, health information on current health issues, contact information and opportunity for public input.
- b.) CHD was assigned two AmeriCorps Vista volunteers to implement a social marketing plan focused on health education and information in the areas of immunizations, family planning, local communicable diseases such as West Nile and Pertussis, smoking prevention/cessation targeted to young families, and mental health/substance abuse information targeted to teenagers.
- c.) Nurses respond to inquiries and concerns from the public on specific issues on a case by case basis, also providing written educational material/brochures as appropriate.
- d.) Periodically Public Health staff and Vista volunteers write Community Comments in the local newspaper addressing various health topics.
- e.) CHD staff work with the media and County staff on disseminating health information to the public in a timely and targeted manner when needed, as during the West Nile and Pertussis outbreaks.

2. Current Problems

- a.) Delivery of population-based prevention messages and interventions is extremely difficult due to lack of resources. We know that our ability to educate the public is limited by the revenue sources that are available to us. Our ability to serve older adults, for example, is limited to activities requiring limited resources, such as flu shots, because we do not have revenue streams targeted to this population.
- b.) Community health system assessments reveal that more staff time is needed to push health education material to the public, especially to partner organizations with little staff to seek information for their clients.

Program Goals

1. Keep community updated on current relevant communicable disease health issues.
2. Push information to segments of the community and partners serving them to increase community awareness of local issues related to childhood immunizations and family planning access.
3. Explore possibilities for expanding the reach of our services to those groups and individuals we face challenges in serving.

Program Activities

1. Implement social marketing plan.
2. Keep Web site updated with current program and local health information.
3. Vista volunteers will work at disseminating existing health information to relevant partners.
4. Work with the local newspaper, County staff and vector control program in disseminating timely public health information during mosquito season.

5. Explore partnerships with organizations providing services to groups who could benefit from additional services.

Program Evaluation

1. Monitor updates of Web site.
2. Monitor health articles in the paper.
3. Monitor partnership development and collaborative efforts with other organizations and groups.

F. Public Health Preparedness

Current Conditions and Problems

3. Current Conditions

- a.) Center for Human Development, Inc. (CHD) has a 0.50 FTE emergency preparedness coordinator working on emergency preparedness in our community.
- b.) The preparedness coordinator is highly trained and has been with CHD for many years, which has led to strong connections with local partners.
- c.) We have developed solid working relationships with other important community stakeholders including the Union County emergency manager and the local hospital.
- d.) CHD serves as the Lead Agency for Region 9 of the Hospital Preparedness Program. The Region 9 coordinator, the Union County public health administrator, and the emergency preparedness coordinator are very involved with regional activities. This includes regular attendance at regional board meetings and meetings with state staff and federal liaisons. The work of this Program is closely aligned with CHDs preparedness efforts and our work together supports our County's needs.
- e.) CHD has used real events to practice our response plans like our annual flu clinics and Pertussis outbreaks along with conducting additional exercises as needed.
- f.) CHD utilizes HAN and has had a high participation rate in state and regionally initiated drills related to HAN and satellite phones.

4. Current Problems

- a.) A number of new staff, including the Public Health Administrator, has limited training in Incident Command Structure, CD 101 and 303, HAN, and other desirable emergency preparedness relevant training.
- b.) Preparedness plans are in place but many need updates. This includes the need to review existing documents and procedures related to isolation and quarantine and work with legal council to ensure they are adequate.
- c.) We have not had the opportunity to develop our plans related to serving the needs of vulnerable populations and have not utilized all of the internal resources we have to do this (i.e. staff working with developmentally disabled and mentally ill clients).
- d.) The large geography and widely spread population of Union County raises concerns about our ability to dispense prophylactic medication or vaccine within 48 hours.
- e.) Testing of 24/7 response systems has not been done as often as we would like due to changes in procedures and staffing.
- f.) Emergency preparedness, environmental health, communicable disease and Hospital Preparedness Program staff work together but further integration is needed.

Program Goals

1. CHD staff is adequately trained in appropriate areas of emergency response.
2. Plans and systems are in place and up-to-date to ensure effective respond to emergencies, including vulnerable population and mass dispensing plans.

3. Strengthen integration of emergency preparedness, communicable disease, environmental health, and hospital preparedness to support effective response efforts.
4. Testing of 24/7 system occurs on a regular basis.

Program Activities

1. Continue participating in regular preparedness meetings and in Hospital Preparedness Program activities.
2. Reinstitute joint emergency preparedness, communicable disease, environmental health, and hospital preparedness meetings.
3. Develop plans for serving vulnerable populations. Engage staff working with developmentally disabled and mental health communities in this process.
4. Develop feasible mass dispensing plan.
5. Conduct testing of 24/7 response system monthly.
6. Update existing plans and ensure that all other necessary plans are created and exercised as appropriate.

Program Evaluation

1. Completed vulnerable populations and mass dispensing plans.
2. Response system testing record.
3. Meeting minutes for Hospital Preparedness Program and joint emergency preparedness, communicable disease, environmental health, and hospital preparedness meetings.
4. Review of plans for updates and completeness.
5. Exercise documentation.

G. OTHER ISSUES

Current Conditions and Problems

1. Current Conditions

- a.) CHD Public Health is a recent recipient of a new TPEP grant, and has just completed its first year.
- b.) Northeast Oregon Network (NEON), a collaboration of health care providers in Union, Baker and Wallowa Counties with CHD as the applicant entity, has just received is in the middle of a 3 year \$500,000 federal grant to develop local access to care solutions and will become its own 501(c)(3) this year.

1. Current Problems

- a.) Smoking rates, especially among pregnant mothers, is on the rise in Union County.
- b.) Union County has a very high un-insurance rate of 26%. Over 50% of births in Union County are in the payment category of publically funded or charity care.
- c.) There is a lack of primary care capacity in Union County, resulting even in insured individuals not being able to access physician care.

Program Goals

1. Prevent further increases in smoking rate, and begin to see it decrease in three years.
2. Implement three partial solutions to local access to care issues in the next three years.

Program Activities

1. Implement TPEP grant action plan.
2. Implement NEON grant action plan.

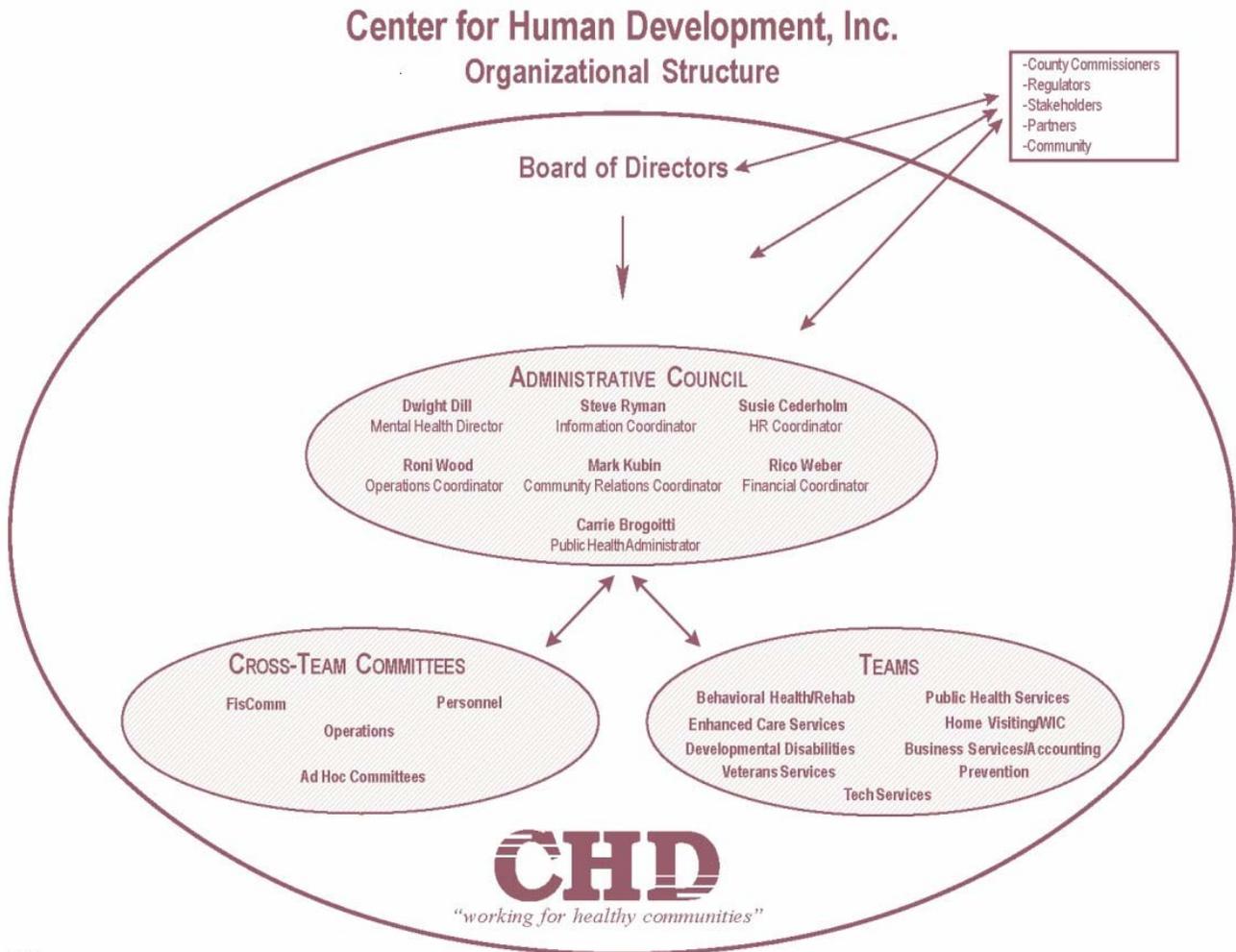
Program Evaluation

1. Monitor annual smoking rate.
2. Monitor number of new health care access programs/products implemented.

IV. Additional Requirements

Organizational Chart

The organizational chart for Center for Human Development, Inc. is below.



8/08

Board of Health Description

Center for Human Development, Inc. (CHD) is a nonprofit corporation responsible to a Board of Directors. Union County contracts with CHD to be the Public Health Authority, so CHD's Board serves as the local Board of Health. The Board is comprised of six community members who meet monthly. A CHD staff member also serves as a representative to the Board. The Board is ultimately responsible for the agency, while delegating the executive function to CHD's Administrative Council (described below). The Board of Directors oversees the finances, assets and affairs of the organization.

The Administrative Council is responsible for the executive functions of the organization including: strategic, financial, human resources, legal, community relations, organizational

structure, information, and clinical leadership. The Public Health Administrator is a member of and accountable to this team with responsibility for the functions identified in the statutes and administrative rules.

Public Health Advisory Board

The Union County Human Services Advisory Committee is a group of community members appointed by the Union County Commissioners. The Commissioners utilize the Committee as a means of monitoring Center for Human Development, Inc.'s work on their behalf. The Committee provides assistance with mental health and public health programs by offering guidance and support to Center for Human Development administrators.

Senate Bill 555 CCF Coordination

The Local Public Health Authority, Center for Human Development, Inc. (CHD), is not the governing body that oversees the local Commission on Children and Families (CCF). The Local Public Health Authority (LPHA) and the local CCF do engage in a number of coordinating activities. A member of CHD's Administrative Council currently sits on the board of the CCF. The director of the CCF regularly attends the Union County Health and Human Services Advisory Committee, the committee responsible for working with the county commissioners on the status of public health and mental health services in the county, and monitoring the county contract with the CHD. In addition CHD staff sits on various CCF committees, and staff of both the LPHA and the CCF participates in many joint activities throughout the year.

V. Unmet Needs

Union County Public Health has identified the following areas of unmet need that we are not currently able to address due to lack of available resources:

- **Population-Based Prevention Efforts:** Our Health Department struggles with finding resources to dedicate to “upstream” public health efforts aimed at addressing issues at the population level rather than focusing on treatment and containment of conditions/issues that have already occurred.
- **Environmental Health:** We have not been able to address environmental health issues beyond our water or facility inspection programs. Efforts such as addressing obesity through the built environment, addressing asthma through air quality monitoring, and/or decreasing childhood lead levels through lead education/intervention programs are not possible because we do not have the resources.
- **Access to Care:** Primary care is limited in our County due to few primary care providers, OHSU School of Nursing withdrawing from two rural health clinics, and lack of resources on the part of individuals to pay for care.
- **Chronic Disease Prevention:** Chronic diseases are of significant concern in the County, yet there are not enough chronic disease prevention or public health intervention programs.
- **Childhood Asthma:** High childhood asthma rates and poorly treated asthma are significant issues in Union County that are not being adequately addressed.
- **Older Adult Services:** There is a large older population in Union County but preventive and other general public health services that address their needs are limited.
- **Nutrition Education:** Data raises serious concerns about the nutrition of Union County residents being very poor yet there are limited services to help populations who are not involved with WIC in this area.

VI. Budget

Center for Human Development, Inc.'s most recent Financial Assistance Contract has been used to project the amount of funding we will receive from the state in 2009-2010. Projected revenue is identified in the table below.

**Center for Human Development, Inc.
Projected Revenue
2009-2010**

Supported Program Element (PE)	Projected Award Amount Based on 2008-2009 Award
PE 01: State Support for Public Health	\$28,997
PE 03: TB Case Management	\$226
PE 12: Public Health Emergency Preparedness	\$95,903
PE 13: Tobacco Prevention and Education	\$55,313
PE 35: Youth Suicide Prevention Services	\$133,440
PE 40: Women, Infants and Children	\$130,620
PE 41: Family Planning	\$23,203
PE 42: MCH-Title V – Flexible Funds	\$12,417
PE 42: MCH-Title V – Child and Adolescent Health	\$5,322
PE 42: MCH/Perinatal Health – General Fund	\$1,890
PE 42: MCH/Child and Adolescent Health – General Fund	\$3,548
PE 42: Babies First	\$5,874
PE 42: School Based Health Centers	\$60,000
PE 42: School Based Health Centers – Immunization	\$2,861
PE 43: Immunization Special Payments	\$12,005

A copy of the Local Public Health Authority public health budget can be obtained using the following contact information.

Rico Weber
Fiscal Coordinator
Center for Human Development, Inc.
1100 K Avenue
La Grande, OR 97850
541-962-8800
www.chdinc.org

Appendix E

FY 2009 - 2010 WIC Nutrition Education Plan Form

County/Agency: Union County

Person Completing Form: Patty Rudd and Linda Buckingham

Date: April 6, 2009

Phone Number: 541-962-8829

Email Address: plrudd@yahoo.com

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by May 1, 2009
Sara Sloan, 971-673-0043

Goal 1: Oregon WIC Staff will have the knowledge to provide quality nutrition education.

Year 3 Objective: During planning period, staff will be able to work with participants to select the food package that is the most appropriate for their individual needs.

Activity 1: Staff will complete the appropriate sections of the new Food Package Assignment Module by December 31, 2009.

Resources: Food Package Assignment Module to be released summer 2009.

Implementation Plan and Timeline:

We will plan staff in-services when the new Food Package Module is released this summer to ensure that staff has the access and time to complete the module by December 31, 2009. These in-services will insure that staff will be able to select the most appropriate food package for their client's individual needs.

Activity 2: Staff will receive training in the basics of interpreting infant feeding cues in order to better support participants with infant feeding, breastfeeding education and to provide anticipatory guidance when implementing the new food WIC food packages by December 31, 2009.

Resources: Sessions on Infant Feeding Cues at the WIC Statewide Meeting June 22-23, 2009.

Implementation Plan and Timeline:

Staff will attend the State Wide WIC Conference. Those in attendance will participate in the breakout session on Infant Feeding Cues in order to provide anticipatory guidance when the new WIC food packages are implemented. We will complete the training by Dec 31, 2009.

Activity 3: Each local agency will review and revise as necessary their nutrition education lesson plans and written education materials to assure consistency with the Key Nutrition Messages and changes with the new WIC food packages by August 1, 2009.

Implementation Plan and Timeline:

To assure consistency with the changes in the New Food packages, we will review and revise any education materials we are currently using to reflect the Key Nutrition Messages at our July staff meeting.

Activity 4: Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2009-2010. Complete and return Attachment WIC A by May 1, 2009.

Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.

Year 3 Objective: During planning, each agency will develop a plan for incorporating participant centered services in their daily clinic activities.

Activity 1: Each agency will identify the core components of participant centered services that are being consistently utilized by staff and which components need further developing by October 31, 2009.

Implementation Plan and Timeline:

We will be hiring Jean Farmer from Umatilla County as our Registered Dietician. She will be our training supervisor and doing our in-service training for FY 2009-2010. See attachment "WIC A" for the training schedule and topics.

Activity 2: Each agency will implement at least two strategies to promote growth of staff's ability to continue to provide participant centered services by December 31, 2009.

Implementation Plan and Timeline:

Strategies to promote staff's ability to continue to provide participant centered services by doing peer to peer observations and use the Counseling Observation Guide provided by the state. During regular team meetings, we will schedule time to review Oregon WIC Listens Continuing Education that staff has identified as skills to improve on. To be completed by December 31, 2009.

Goal 3: Improve the health outcomes of clients and staff in the local agency service delivery area.

Year 3 Objective: During planning period, each agency will develop a plan to consistently promote the Key Nutrition Messages related to Fresh Choices thereby supporting the foundation for health and nutrition of all WIC families.

Breastfeeding is a gift of love.

Focus on fruit.

Vary your veggies.

Make half your grains whole.

Serve low-fat milk to adults and children over the age of 2

Activity 1: Each agency will implement strategies for promoting the positive changes with Fresh Choices with community partners by October 31, 2009.

Implementation Plan and Timeline:

Community Partners, Head Start, Medical Providers, ODS and County Extension Service will be notified about the positive changes with Fresh Choices that WIC is implementing. We will offer written materials or do a presentation if requested by Community Partners by October 31, 2009.

During Certification, WIC clients are be consistently informed of the key messages related to Fresh Choices and the new Food Packages. These messages are “Focus on fruits”, “Vary your veggies”, “Make half your grains whole” and “Serve Low Fat Milk to adults and children over the age of two”. We have additional resources available to educate clients about the new Fresh Choices Food Packages before August 1, 2009.

Activity 2: Each agency will collaborate with the state WIC Research Analysts for Fresh Choices evaluation by April 30, 2010.

Implementation Plan and Timeline:

Our agency will collaborate with the State WIC Research Analyst by administering a questionnaire to participants to evaluate Fresh Choices by April 30, 2010. We would like to use a standardized questionnaire developed by the state so that we may present the questions required by the State WIC Research Analyst.

Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.

Year 3 Objective: During planning period, each agency will develop a plan to promote breastfeeding exclusivity and duration thereby supporting the foundation for health and nutrition of all WIC families.

Activity 1: Using state provided resources, each agency will assess their breastfeeding promotion and support activities to identify strengths and weaknesses and identify

possible strategies for improving their support for breastfeeding exclusivity and duration by December 31, 2009.

Resources: State provided Oregon WIC Breastfeeding Study data, the breastfeeding promotion assessment tool, and technical assistance for using the tool. Technical assistance will be provided as needed from the agency's assigned nutrition consultant and/or the state breastfeeding coordinator.

Implementation Plan and Timeline:

We will use state provided resources when available to assess promotion and support activities to identify our strengths and weaknesses and possible strategies for improving the support for breastfeeding exclusivity and duration by December 31, 2009.

Activity 2: Each agency will implement at least one identified strategy from Goal 4, Activity 1 in their agency by April 30, 2010.

Implementation Plan and Timeline:

One strategy identified is two staff members will be attending the training for Professional Education in Breastfeeding and Lactation April 2009. This will be our first goal for improving breastfeeding outcomes of clients in our local agency service delivery area.

WIC Attachment A
FY 2009-2010 WIC Nutrition Education Plan
WIC Staff Training Plan – 7/1/2009 through 6/30/2010

Agency: *Union County*

Training Supervisor(s) and Credentials:

Staff Development Planned

Based on planned new program initiatives (for example Oregon WIC Listens, new WIC food packages), your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2009 – June 30, 2010. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
<i>1</i>	<i>June 22, 23, 2009</i>	<i>Staff will attend the State Wide WIC Conference. Those in attendance will participate in the breakout session on Infant Feeding Cues. We will use the 2009 State WIC Conference Materials.</i>	<i>To be able to provide anticipatory guidance when the new WIC food packages are implemented.</i>
<i>2</i>	<i>Sept. 2009</i>	<i>Oral health during pregnancy and baby's first year. Resource is 2008 materials provided at State WIC Meeting.</i>	<i>Staff will able to describe one reason why maternal oral health is important to the baby's health during pregnancy. Staff will be able to identify 2 reasons why maternal oral health is important to the health outcome during the first year of the baby's life.</i>
<i>3</i>	<i>December 2009</i>	<i>Review Participant Centered Education for Oregon WIC Listens.</i>	<i>To reflect on participant centered services that are being consistently utilized by staff to identify their strengths and weaknesses. The goal is to continue to learn participant centered skills. Resources we will use are our Continuing Education materials for WIC Listens.</i>

4	May 2009	<i>Review Fresh Choices and in-service for Farmers Market.</i>	<i>To assure that staff has the information about fresh choices related to Farmers Market. Also to review policies for distribution and use of coupons for clients.</i>
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EVALUATION OF WIC NUTRITION EDUCATION PLAN

FY 2008-2009

WIC Agency: Union County

Person Completing Form: Patty Rudd and Linda Buckingham

Date: April 6, 2009 Phone: 541-962-8829

Return this form, attached to email to: sara.e.sloan@state.or.us by May 1, 2009

Please use the outcome evaluation criteria to assess the activities your agencies did for each Year Two Objectives. If your agency was unable to complete an activity please indicate why.

Goal 1: Oregon WIC staff will have the knowledge to provide quality nutrition education.

Year 2 Objective: During plan period, through informal discussions, staff in-services and or/targeted trainings, staff will be able to describe the general content of the new WIC food packages and begin to connect how these changes may influence current nutrition education messages.

Activity 1: By October 31, 2008, staff will review the WIC Program's Key Nutrition Messages and identify which ones they need additional training on.

Outcome evaluation: Please address the following questions in your response.

- How were the WIC Program's Key Nutrition Messages shared with staff in your agency?
- Which messages did staff identify as needing additional training on?
- How did this training occur?

Response:

1. Andrea Cloudt RD, presented to our staff on August 7, 2008 an in-service for WIC Key messages.
2. Andrea determined at that time that we should focus on type of milk for children ages 1 to 2 years and adults and children over the age of 2.
3. March 23, 2009 we had an in-service on Low fat milk being a healthy choice.

Activity 2: By March 31, 2009, staff will review the proposed food package changes and:

- *Select at least three food package modifications (for example, addition of new foods, reduction of current foods, and elimination of current foods for a specific category).*
- *Review current nutrition education messages most closely connected to those modifications, and*

- *Determine which messages will remain the same and which messages may need to be modified to clarify WIC's reasoning for the change and/or, reduce client resistance to change.*

Outcome evaluation: Please address the following questions in your response.

- How did staff review the proposed food package changes?
- Which nutrition education messages were identified that need to be modified?
- How will these messages be shared with participants?

Response:

1. March 23, 2009 in-service for food package changes was presented by Patty Rudd.
2. We surveyed staff regarding the changes made to the food package and asked them to look at the key nutrition messages to see what modifications they felt should be made. Staff felt no modifications needed to be made about key messages at this time.
3. We continue to share with our clients through certifications and individual education regarding WIC Food Package changes.

Activity 3: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2008-2009.

Outcome evaluation: Please address the following questions in your response.

- Did your agency conduct the staff in-services you identified?
- Were the objectives for each in-service met?
- How do your staff in-services address the core areas of the CPA Competency Model?

Response:

1. Yes, all in-services were presented as planned except one final in-service to be held in May 2009.
2. Yes, all objectives for each in-service were met.
3. Our training provided education in the core areas of the CPA Competency Model by including information on program integrity, nutrition assessment and providing nutrition education. We also addressed the new expectations of VENA to improve client centered nutrition education through the Oregon WIC Listens and the new food packages. Although not listed on our quarterly in-service form, the state presented 4 in-services on the new participant centered services.

Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.

Year 2 Objective: During plan period, each agency will assess staff knowledge and skill level to identify areas of training needed to provide participant centered services.

Activity 1: By September 30, 2008 staff will review the assessment steps from the Dietary Risk Module and identify which ones they need additional training on.

Outcome evaluation: Please address the following questions in your response:

- Did staff review the assessment steps from the Dietary Risk Module?
- Which steps did staff identify as needing additional training on?
- How did this training occur?

Response:

1. Staff reviewed the assessment steps from the Dietary Risk Module on February 3, 2009.
2. No steps were identified as needing additional training at that time.
3. Our staff had an in-service and reviewed the Dietary Risk Module.

Activity 2: By November 30, 2008, staff will evaluate how they have modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules.

Outcome Evaluation: Please address the following questions in your response.

- How has staff modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules?

Response:

1. Staff modified their approach to individual counseling by consulting the Nutrition Risk and Dietary Risk Module as a reference and utilizing this information to more accurately assign, assess and document dietary and nutrition risks.

Goal 3: Improve the health outcomes of WIC clients and WIC staff in the local agency service delivery area.

Year 2 Objective: During plan period, in order to help facilitate healthy behavior change for WIC staff and WIC clients, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Activity 1: Identify your objective and strategy to facilitate healthy behavior change for WIC staff.

Outcome Evaluation: Please address the following questions in your response.

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet the objective?
- What went well and what would you do differently?

Response:

1. The objective and strategy was to see if staff would continue to increase their physical activity.
2. This objective was chosen because by popular demand through out our agency.

3. This strategy did meet our objective because our number of participants did increase from the previous year. The duration of this contest ran longer and our agency plans to repeat this event.
4. Our participants were excited about the contest and are looking forward to the next one. Because of our success, we would not make any changes at this time.

Activity 2: Identify your objective and strategy to facilitate healthy behavior change for WIC clients.

Outcome Evaluation: Please address the following questions in your response.

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet your objective?
- What went well and what would you do differently?

Response:

1. November 18, 2008 we held an event called "Taste of WIC". We invited our clients and agency staff to come and enjoy a variety of healthy choice foods (fruits, veggies, nutritious baked goods and recipes).
2. We offered this event to introduce to our clients a variety of healthy foods that they might not otherwise choose.
3. The objective was met because we had many participants come to a relaxed event where they could enjoy a healthy snack and visit with other WIC participants. They received some great ideas using healthy recipes for their families utilizing all food groups.
4. The event was well received and we would not do anything differently.

Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.

Year 2 Objective: During plan period, in order to help improve breastfeeding outcomes for WIC participants, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Activity 1: Identify your objective and strategy to improve breastfeeding outcomes for WIC clients.

Outcome Evaluation: Please address the following questions in your response.

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet your objective?
- What went well and what would you do differently?

Response:

1. Our objective was to maintain the current level of breastfeeding initiation and increase by two percent a year the number of mothers who breastfeed exclusively for the first six months of an infant's life.
2. We chose this strategy because of the importance of encouragement and support for breastfeeding women.
3. We have met our objective partially. We networked with Grande Ronde Hospital, Obstetricians, Pediatricians and Family Practice clinics to increase our collaboration with them. We plan to evaluate breastfeeding services through a breastfeeding survey tool. We will also make an addition to our survey to ask women what breastfeeding support they are receiving from their primary care providers. Unfortunately, we were not able to complete the survey this last year because we lost our certified lactation educator to another job. We still plan to increase the number of exclusively breastfeeding mothers for the first six months of an infant's life by the year 2012.
4. We were able to present information about the services available to breastfeeding women through WIC to our community partners. Currently we do not know if we have increased the number of mothers who breastfeed exclusively for the first six months of an infant's life because we do not have access to the WIC state reports at this time. We will be attending a Professional Education in Breastfeeding and Lactation (this includes Lactation Educator Certificate) April 27 through May 1, 2009. This will better enable us to work with and provide information for the women of our local service area.

Attachments:

Please join us for a

“TASTE OF WIC”



**NOVEMBER 18, 2008
10 am To 12 pm
2ND Floor Group Room**

Patty Ruedel

THREE CATEGORIES THAT HAVE CHANGES MADE TO THE FOOD PACKAGE ARE:

1. WOMENS PACKAGE.....ALL WOMEN MAY NO LONGER PURCHASE WHOLE MILK
*Serve low-fat milk to adults + children over age 2
Message should remain same - No modifications*
2. WOMEN AN CHILDRENS PACKAGEWOMEN AND CHILDREN WILL RECEIVE A CASH VALUE VOUCHER TO PURCHASE FRUITS AND VEGGIES.
*Focus on fruit + vary your veggies -
No modifications*
3. WOMEN AND CHILDRENS PACKAGE.....WOMEN AND CHILDREN WILL RECEIVE 100% WHOLE WHEAT BREAD. BROWN RICE AND SOFT CORN TORTILLAS ARE ALTERNATIVES TO WHOLE WHEAT BREAD.
*Make half you grains whole
no modification*

KEY MESSAGES:

- Breastfeeding is a gift of love
- Focus on Fruit
- Vary your veggies
- Make half your grains whole
- Serve low-fat milk to adults and children over the age of 2

These are 3 of the food packages and the changes made to the package. Look at the key nutrition messages and see if you think the messages will remain the same or if any of the messages need to be modified to clarify WIC's reasoning for the change and/or reduce client resistance to the change. You can go to WIC Works Website WIC food package materials , information from the 2008 WIC statewide meeting and State provided materials.

Linda B

no mods

THREE CATEGORIES THAT HAVE CHANGES MADE TO THE FOOD PACKAGE ARE:

1. WOMENS PACKAGE.....ALL WOMEN MAY NO LONGER PURCHASE WHOLE MILK

Serve low fat milk

2. WOMEN AN CHILDRENS PACKAGEWOMEN AND CHILDREN WILL RECEIVE A CASH VALUE VOUCHER TO PURCHASE FRUITS AND VEGGIES.

Focus on fruit & vary veggies

3. WOMEN AND CHILDRENS PACKAGE.....WOMEN AND CHILDREN WILL RECEIVE 100% WHOLE WHEAT BREAD. BROWN RICE AND SOFT CORN TORTILLAS ARE ALTERNATIVES TO WHOLE WHEAT BREAD.

make half your grains whole

KEY MESSAGES:

- Breastfeeding is a gift of love
- Focus on Fruit
- Vary your veggies
- Make half your grains whole
- Serve low-fat milk to adults and children over the age of 2

These are 3 of the food packages and the changes made to the package. Look at the key key nutrition messages and see if you think the messages will remain the same or if any of the messages need to be modified to clarify WIC's reasoning for the change and/or reduce client resistance to the change. You can go to WIC Works Website WIC food package materials , information from the 2008 WIC statewide meeting and State provided materials.

Pam Paulles

THREE CATEGORIES THAT HAVE CHANGES MADE TO THE FOOD PACKAGE ARE:

1. WOMENS PACKAGE.....ALL WOMEN MAY NO LONGER PURCHASE WHOLE MILK
Serve low-fat milk
Keep some
2. WOMEN AN CHILDRENS PACKAGEWOMEN AND CHILDREN WILL RECEIVE A CASH VALUE VOUCHER TO PURCHASE FRUITS AND VEGGIES.
focus on fruits vary your veggies
Keep some
3. WOMEN AND CHILDRENS PACKAGE.....WOMEN AND CHILDREN WILL RECEIVE 100% WHOLE WHEAT BREAD. BROWN RICE AND SOFT CORN TORTILLAS ARE ALTERNATIVES TO WHOLE WHEAT BREAD.
make half your grains whole
Keep some

KEY MESSAGES:

- Breastfeeding is a gift of love
- Focus on Fruit
- Vary your veggies
- Make half your grains whole
- Serve low-fat milk to adults and children over the age of 2

These are 3 of the food packages and the changes made to the package. Look at the key key nutrition messages and see if you think the messages will remain the same or if any of the messages need to be modified to clarify WIC's reasoning for the change and/or reduce client resistance to the change. You can go to WIC Works Website WIC food package materials , information from the 2008 WIC statewide meeting and State provided materials.

Shannon Garrison

THREE CATEGORIES THAT HAVE CHANGES MADE TO THE FOOD PACKAGE ARE:

1. WOMENS PACKAGE.....ALL WOMEN MAY NO LONGER PURCHASE WHOLE MILK
serve low-fat milk
2. WOMEN AN CHILDRENS PACKAGEWOMEN AND CHILDREN WILL RECEIVE A CASH VALUE VOUCHER TO PURCHASE FRUITS AND VEGGIES.
Focus on Fruit + vary your veggies
3. WOMEN AND CHILDRENS PACKAGE.....WOMEN AND CHILDREN WILL RECEIVE 100% WHOLE WHEAT BREAD. BROWN RICE AND SOFT CORN TORTILLAS ARE ALTERNATIVES TO WHOLE WHEAT BREAD.

make 1/2 your grains whole

KEY MESSAGES:

- Breastfeeding is a gift of love
- Focus on Fruit
- Vary your veggies
- Make half your grains whole
- Serve low-fat milk to adults and children over the age of 2

These are 3 of the food packages and the changes made to the package. Look at the key nutrition messages and see if you think the messages will remain the same or if any of the messages need to be modified to clarify WIC's reasoning for the change and/or reduce client resistance to the change. You can go to WIC Works Website WIC food package materials , information from the 2008 WIC statewide meeting and State provided materials.

I don't think there needs to be any modifications

Melanie Yeates

THREE CATEGORIES THAT HAVE CHANGES MADE TO THE FOOD PACKAGE ARE:

1. WOMENS PACKAGE.....ALL WOMEN MAY NO LONGER PURCHASE WHOLE MILK

Serve lowfat milk to Adults + children over 2yrs. -no change

2. WOMEN AN CHILDRENS PACKAGEWOMEN AND CHILDREN WILL RECEIVE A CASH VALUE VOUCHER TO PURCHASE FRUITS AND VEGGIES.

Focus on fruits and Vary your Veggies

3. WOMEN AND CHILDRENS PACKAGE.....WOMEN AND CHILDREN WILL RECEIVE 100% WHOLE WHEAT BREAD. BROWN RICE AND SOFT CORN TORTILLAS ARE ALTERNATIVES TO WHOLE WHEAT BREAD.

make 1/2 your grains whole -no changes

KEY MESSAGES:

- Breastfeeding is a gift of love
- Focus on Fruit
- Vary your veggies
- Make half your grains whole
- Serve low-fat milk to adults and children over the age of 2

These are 3 of the food packages and the changes made to the package. Look at the key nutrition messages and see if you think the messages will remain the same or if any of the messages need to be modified to clarify WIC's reasoning for the change and/or reduce client resistance to the change. You can go to WIC Works Website WIC food package materials, information from the 2008 WIC statewide meeting and State provided materials.

Roni Wood

From: Roni Wood
Sent: Wednesday, April 08, 2009 11:56 AM
To: Patty Rudd
Subject: Wellness Challenge

Hi Patty—

Here's some info about last year's Wellness Challenges:

#1 5/19/08 – 6/13/08
28 individuals
Average 241 points

#2 6/30/08 – 7/27/08
36 individuals
Average 284 points

#3 8/20/08 – 9/16/08
24 individuals
Average 302 points

#4 10/15/08 – 11/11/08
16 individuals
Average 215 points

43 staff members participated in the challenges—50% of total staff participated in one or more challenges.

We did more challenges last year than ever before. We even did a #5 in December with 17 people signed up, but it kind of fizzled out because of the weather and the holidays and we didn't end up totaling up the points at the end.

The average points went down for #4, but this was in the fall and the first one we had done so late in the year.

I hope this helps!

Roni

4/24/2009

	1st Wellness Challenge 5/19/08- 6/13/08	2nd Wellness Challenge 6/30/08- 7/27/08	% Increase or Decrease
Amanda	371	323	-13%
Amy	333	308	-8%
Angela		201	
Barbara	56	169	202%
Beth		530	
Billie-Jo	216		
Chellie		142	
Cynthia		294	
Dayneen	90	228	153%
DeAnne	139		
Dwight	311	397	28%
Fredia	203	409	101%
Garnet	68	96	41%
Joelene		122	
John	40	60	50%
Julie		358	
Justin	222	238	7%
Kathy C.	252	210	-17%
Kim	266	190	-29%
Kubs	227	217	-4%
Laura		245	
Lisa B.	156	119	-24%
Nancy A	359	302	-16%
Patty	74	167	126%
Rico		296	
Rocky		712	
Roni	344	706	105%
Sam	269	320	19%
Sandra S	342	391	14%
Sandy M.	271	434	60%
Shaye	126	23	-82%
Steve	403	674	67%
Susie	281	435	55%
Tim		713	
Tracy	239	86	-64%
Troy		130	
			774%

	2nd Wellness Challenge 6/30/08-7/27/08	3rd Wellness Challenge 8/20/08-9/16/08	% Increase or Decrease
Beth Spicer	530	487	-8%
Billie-Jo Craigmile	242	106	-56%
Carrie Brogoitti	242	182	-25%
Chellie Smietana	142	260	83%
Cindy Williams	242	241	0%
Dayneen Koopman	228	218	-4%
Dwight Dill	397	305	-23%
Erin Hauck	242	509	110%
Fredia McDonald	409	295	-28%
Jody Fox	242	131	-46%
John Melendy	60	219	265%
Julie Creson	358	119	-67%
Justin Sipe	238	278	17%
Kathy Cunningham	242	332	37%
Kim Middleton	190	238	25%
Laura Ellis	245	205	-16%
Lisa Blisard	119	159	34%
Rico Weber	296	130	-56%
Rocky Lequerica	712	568	-20%
Roni Wood	706	598	-15%
Sandra Staab	391	251	-36%
Sandy Murphy	434	338	-22%
Susie Cederholm	435	391	-10%
Tim Jederberg	713	693	-3%
			135%
	3rd Wellness Challenge 8/20/08-9/16/08	4th Wellness Challenge 10/15/08-11/11/08	% Increase or Decrease
Billie-Jo Craigmile	106	157	48%
Carrie Brogoitti	182	190	4%
Cynthia Russell	242	118	-51%
Dayneen Koopman	218	133	-39%
Julie Creson	119	97	-18%
Justin Sipe	278	282	1%
Kathy Cunningham	332	427	29%
Linda Buckingham	242	171	-29%
Nancy Anderson	242	238	-2%
Patty Rudd	242	133	-45%
Rico Weber	130	98	-25%
Rocky Lequerica	568	436	-23%
Roni Wood	598	348	-42%
Sandy Murphy	338	207	-39%
Steve Ryman	242	201	-17%
Susie Cederholm	391	211	-46%
			-294%

Roni Wood

From: Roni Wood
Sent: Tuesday, August 12, 2008 9:37 AM
To: CHD Conference
Subject: RESULTS for the 2nd Wellness Challenge of 2008
Importance: High

Good job everyone!! The points have been tallied, and the members of **Team 3** will each receive **\$27** prize money! You can pick up your money from Kim in the front office.

In addition, five people took Ryan up on his challenge to beat his 464 point total from last time and will split his \$24 prize from the first wellness challenge: Tim (713 points), Rocky (712), Roni (706), Steve (674), and Beth (530). Ryan will distribute these \$\$\$ directly.

If you participated in both challenges and want to compare your points this time to last time, click [here](#).

If you want to participate in the next challenge (starting next week) sign up in the 1st Floor Kitchen, or send me a message directly.

Team 3 **2146 points**
Roni
Rocky
Sandy M.
Cynthia

Team 9 **1219 points**
Beth
Angela
Troy
Julie

Team 8 **1216 points**
Dwight
Shaye
Joelene
Steve

Team 6 **1158 points**

4/24/2009

Chellie
Kubs
Tim
Tracy

Team 1 **1091 points**

Sam
Susie
Patty
Barbara

Team 5 **943 points**

DeAnne
Rico
Fredia
Justin

Team 4 **877 points**

Kim
Lisa B.
Amanda
Laura

Team 7 **829 points**

Billie-Jo
Sandra S
Dayneen
Kathy C.

Team 2 **766 points**

John
Nancy A
Garnet
Amy

From: Roni Wood
Sent: Thursday, June 26, 2008 4:17 PM
To: CHD Conference
Subject: Teams for the 2nd Wellness Challenge of 2008

4/24/2009